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CONFIRMATION NO. 4868

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/047,352	01/14/2002 RULE	435	1649	0109015/024

APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/398,897 09/20/1999 ABN
 and claims benefit of 60/101,354 09/22/1998
 and is a CIP of 09/053,414 04/01/1998 ABN
 which is a CIP of 08/719,450 09/25/1996 PAT 5,753,506

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****
 02/15/2002

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initials	MD	11	17	2

ADDRESS

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TITLE

Stable Neural Stem Cell Line Methods

FILING FEE RECEIVED 1895	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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